

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **32192**

FILED SEP 17 1943

Registration District No. **243**

Primary Registration District No. **4364**

Registrar's No. _____

1. PLACE OF DEATH:

(a) County **Newton**
(b) City or town **Stella**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **Cardwell Hospital**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **4 days**
(Specify whether
In this community **56 yrs**
years, months or days)

3. (a) PRINT FULL NAME **Jess Montie Fisher**

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex **Male** 5. Color or face **white** 6. (a) Single, widowed, married, divorced **married**
6. (b) Name of husband or wife **Sylvia Fisher** 6. (c) Age of husband or wife if alive **50** years
7. Birth date of deceased **Feb. 26 1887**
(Month) (Day) (Year)

8. AGE: Years **56** Months **3** Days **22** If less than one day
hr. _____ min. _____

9. Birthplace **Newton Mo.**
(City, town, or county) (State or foreign country)

10. Usual occupation **Farmer**

11. Industry or business _____

12. Name **Martin Fisher**
13. Birthplace **Ohio**
(City, town, or county) (State or foreign country)
14. Maiden name **Sarah Elizabeth Russell**
15. Birthplace **Tennessee**
(City, town, or county) (State or foreign country)

16. (a) Informant **Nina Halford**
(b) Address **Stark City, Mo.**

17. (a) **Dice Cemetery** (b) Date thereof **June 22, 1943**
(Burial, cremation, etc.) (Month) (Day) (Year)

(c) Place: burial or cremation **Dice Cemetery**

18. (a) Signature of funeral director **Calvin Funeral Home**
(b) Address **Camden, Mo.**

19. (a) **Sept 10 1943** (b) **Mar H. Williams**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Newton**
(c) City or town **Stark City, Mo.**
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **June** day **20**
year **1943** hour _____ minute **30 P.M.**

21. I hereby certify that I attended the deceased from **6-14** 19**43** to **6-20** 19**43**
that I last saw him alive on **6-20** 19**43**
and that death occurred on the date and hour stated above.

Immediate cause of death **Lymphoid Leukemia**

Due to _____

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____
Of autopsy _____

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place)
(e) Means of injury _____

23. Signature **C. Cardwell** (M.D. or other)
Address **Stella, Mo.** Date signed **7-2-43**

SEP 17 1943

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

working under my personal supervision.

....., Registered Apprentice No.

Signed.....

Edward Bennett

Licensed Embalmer No.

4213

P. O. Address.....

Cassville, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.